



BOARD OF REGISTERED NURSING

PO Box 944210, Sacramento, CA 94244-2100

P (916) 322-3350 F (916) 574-8636 | www.rn.ca.gov

THERAPY FORM

PLEASE READ: As required per a Decision and Order by the Board of Registered Nursing, the probationary nurse is mandated to participate in therapy. The registered nurse has selected you as their mental health professional for on-going therapy. This summary is necessary to determine if the registered nurse is in compliance with his/her probationary requirements, and is capable of safe and competent registered nurse practice. Reports are due throughout the probationary term as long as the therapy is required by you. The registered nurse **MUST** continue in the recommended treatment program until you recommend that the treatment be modified or discontinued.

The evaluator shall not have a financial relationship, personal relationship, or business relationship with the licensee within the last five years. The evaluator shall provide an objective, unbiased, and independent evaluation.

The probationary RN must provide you with a copy of their Decision and Order, which includes the Decision and the Accusation.

Please answer the following questions:

1. Have you read the Decision and Order including the Accusation? **Circle One: Yes No**
- 1a. **Provide the name and license number of the RN.**
Name: _____ **License No.** _____
2. Is this your first time treating this RN? **Circle One: Yes No**
- 2a. If No, how long have you been seeing this individual? _____
3. What is your recommended treatment plan for this RN? Provide timeframe of treatment, including frequency of sessions.

4. Has the nurse regularly attended all treatment appointments? **Circle One: Yes No**
- 4a. If no, explain: _____

5. Has the nurse shown improvement as a result of your sessions? **Circle One: Yes No**
- 5a. If no, explain: _____

6. Have you prescribed any medications for this nurse? **Circle One: Yes No**
- 6a. If yes, please list the medication in detail, including medication name, dosage, prognosis, plan to wean off medications if necessary and reason for medication. Please use a separate sheet if necessary. _____

7. What is your current prognosis or recommendation for this registered nurse? List or attach your current diagnosis for the registered nurse using DSM criteria.

8. Does the registered nurse need to continue in on-going therapy? **Circle One:** **Yes** **No**

Note: By stating “no”, the registered nurse will no longer be required to go to on-going therapy while on probation.

Comments:

The form must be returned by your office to: Board of Registered Nursing – Probation Unit
Attn: Probation Monitor
Po Box 944210
Sacramento, CA 94244-2100

Or can be faxed directly to: (916) 574-8636.

To be completed by the person completing the form:

Name: _____ License No. _____

Address: _____

Phone No. _____ Specialty: _____

Signature: _____ Date: _____